ISAEC Inter-professional Spine Assessment and Education Clinics

Coitus and Lower Back Pain Part 2: Best positions for the receiving partner

ISAEC

Isaec.org

As a follow-up to our previous newsletter in which we reviewed a paper on the spinal mechanics of the 'delivering' partner during coitus, we will be reviewing the best spine sparing positions during coitus for the 'receiving' partner in this month's edition. Specifically, we will be reviewing the second paper published by Dr. Stu McGill and Natalie Sidorkewicz (PhD Candidate) on the topic of spinal mechanics during coitus. As discussed in our previous newsletter, low back pain (LBP) can significantly impact one's ability to participate in sexual relations and therefore negatively impact quality of life. In fact, Sjogren and Fugl-Meyer (1981) as well as Akbas (2010) have respectively found that 48 – 73% "of women with LBP have reported a marked reduction in frequency of their sexual activity" (Sidorkewicz and McGill, 2014). While these statistics as well as the reviewed paper are specific to women in heterosexual relationships, it is important that we respect the diversity of sexual orientations in our society. As such, we will generalize recommendations by defining the 'receiver' of intercourse to include, not only females, but also partners who are not females but play the role of the 'receiver'. As indicated by Maigne and Chatellier (2001), the most commonly reported difficulty that 'receivers' with LBP experience during intercourse is finding a comfortable pelvic position to assume during coitus. This, in addition to the myriad of psychosocial factors that can influence sexual enjoyment, suggests mechanical factors can greatly influence the degree of pleasure experienced by the 'receiver' during intercourse. As in their previous study, Ms. Sidorkewicz and Dr. McGill, in their most recent paper, use the three common coital positions: the quadruped (two variations), missionary, and side-lying position to examine the spinal mechanics of the receiving partner. [1] What they discovered was, that like the 'delivering' partner most of the 'receiving' partner's spine movement occurred in the sagittal plane (flexion/extension). Consequently, it was concluded that in a receiving partner who is flexion intolerant, the quadruped position with the receiving partner supporting their upper body on their hands with straight arms was deemed best followed by the side-lying or spooning position. These positions would limit the 'receiving' partner's spinal flexion and therefore limit the chances of aggravating a flexion intolerant spine. In contrast, for a receiving partner with an extension intolerant spine, variations of the missionary position were deemed to be best as this position promotes the most lumbar flexion in the 'receiving' partner's spine. You will notice that these recommendations differ from recommendations provided for the 'delivering' partner in last month's newsletter. Subsequently, if both partners are experiencing LBP at the same time with different patterns of intolerance, this may create a challenge for the treating health professional. Nonetheless, with the information presented by these researchers, health professionals can now confidently recommend specific spine sparing coital positions for patients presenting with LBP.

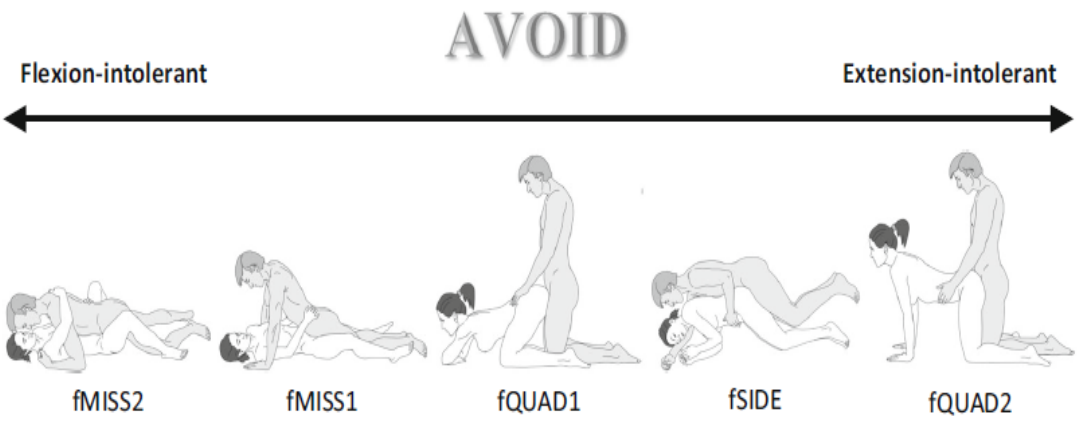

Figure 1. Initial recommendations of coital positions to avoid for receiving partners whose LBP is exacerbated by specific movements &/or postures (i.e. flexion-, extension -intolerance).Positions indicated as "to avoid" are those that present the greatest risk of exposure to the pain-provoking biomechanical variable, & thus exacerbation of low back pain.

Note: These recommendations are limited to specific motion intolerances & male-centric positions & did not consider kinetics nor include individuals experiencing pain.

[1] Sidorkewicz, N., & McGill, S. (2015). Documenting female spine motion during coitus with a commentary on the mplications for the low back pain patient. Eur Spine J 24:513–520.